



New India Floater Mediclaim Policy

UIN : NIAHLIP21278V042021

Policy Schedule

Current Policy No	16040034212800000354	Current Policy Period	From:11/01/2022 12:00:01 AM To:10/01/2023 11:59:59 PM
Previous Policy No	16040034202800000544	Previous Policy Period	11-JAN-21 to 10-JAN-22
Policyholder's Details			
Policyholder Name	VIKASKUMAR RAMANLAL PATEL	Customer ID	PO31826807
		PAN Card No	APAPP1031R
		Mobile No/Phone No	XXXXXX2699
Policyholder's address	12, SOHAM BANGLOWS. KARAN NAGAR-KADI MEHSANA DIST- MEHSANA(GUJRAT) DIST-MEHSANA(GUJRAT) MEHSANA ,GUJARAT, 384301	Email id	vikas264289@gmail.com,
		Name of the Nominee	MRS SEJALBEN
		Relation with the Policy holder	Spouse
		GSTIN	NA
Policy Issuing Office and Intermediary Details			
Office Name and Code	AURANGABAD DO-160400 (160400)	Office Contact No	02402333572 / 02402333361
Office Email Id	nia.160400@newindia.co.in	Development Officer	JAINUINE INSURANCE BROKERS PVT. LTD. (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)
		Name of the Agent/Intermediary	JAINUINE INSURANCE BROKERS PVT. LTD. (DA3388757)
Office Address	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005	Contact No. of Agent/Intermediary	02402350377, 9850049400 / NA
		E-mail id of Intermediary	kailash@jainuineinsurance.co.in,
Regional Office	NAGPUR R.O. (160000)	GSTIN	27AAACN4165C3ZP
Regional Contact No	07122555031/07122555032	SAC	997133 (Accident and health insurance services)
Details Of TPA (Notice or Communication to be given in respect of claim)			
Name of the TPA	MDINDIA HEALTH INSURANCE TPA PVT. LIMITED		
Email-id of the TPA	customercare@mdindia.com	Address of the TPA	S. NO. 46/1, E-SPACE, A-2 BUILDING, 3RD FLOOR, PUNE-NAGAR ROAD, VADGAONSHERI, PUNE-411014,,
Toll Free / Contact No of the TPA	18002097800 18002097777 /		
Fax of TPA	02025300003		

Highlights of New India Floater Mediclaim Policy*	
* Day one baby cover.	* Ayurvedic / Homeopathic / Unani treatments are covered up to 25% of the Sum Insured.
* Critical Care Benefit 10% of the Sum Insured.	* Optional Cover I: No Proportionate Deduction.
* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.	* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.
* Hospital Cash up to 1% of Sum Insured.	* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).



* Midterm inclusion of newly married spouse.	* For Pre Existing Diseases Waiting period is 48 Months as per clause 4.1 of the policy document.
* Cataract claims, up to 10% of Sum Insured or ₹ 50,000 whichever less, for each eye.	* For specified diseases waiting period is 24 months as per clause 4.3.1 of the policy document.
* Please refer to policy document for detailed terms and conditions.	

Important

*1.Date of Inception of first policy is the date from which the policyholder has been continuously obtaining health insurance cover in India from any of the insurers without break subject to portability guidelines.
2.Enhanced Sum Insured under the policy will be subject to policy clauses 4.1,4.2 and 4.3
3. PED and specified diseases waiting periods for each of the merged policy shall be reckoned as per its date of inception of first policy.
* Please visit https://www.newindia.co.in for the list of network hospitals providing cashless facility. If network hospital is not available in your city/location, please contact the concerned TPA." You are also requested to share your policy details when you visit the network hospital.

Insured Persons details						
S. No	Name of the Insured (Member ID)	Date of birth(Age)	Sex	Relation	*Date of inception of first policy	Pre Existing Disease
1	VIKASKUMAR RAMANLAL PATEL(PO31826 807)	29/09/1983(38)	M	SELF	11/01/2017	NA
2	SEJALBEN V. PATEL(ME04022 447)	24/01/1985(36)	F	SPOUSE	11/01/2017	NA
3	PRANSHU V. PATEL(ME04022 452)	25/01/2011(10)	M	CHILD	11/01/2017	NA
4	PRANSHI V PATEL(ME04781 035)	25/11/2014(7)	F	CHILD	11/01/2017	NA

Floater Sum Insured	800000	Floater Cumulative Bonus	400000
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Cumulative Bonus Details				
S. No	Sum Insured	SI Effective Date	CB percentage	CB Amount
1	800000	17-DEC-21	50	400000

Optional Cover Table			
Policy Level - Optional Cover - I (No Proportionate Deduction)	Not Opted		
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted

S No	Name of the Insured	Basic Premium	Premium for Optional Cover - I	Premium for Optional Cover - II	Premium for Optional Cover - III	Discount	Gross Premium
1	VIKASKUMAR RAMANLAL PATEL	6724	0	0	0	1009	5715
2	SEJALBEN V. PATEL	6724	0	0	0	1009	5715
3	PRANSHU V. PATEL	2686	0	0	0	403	2283
4	PRANSHI V PATEL	2686	0	0	0	403	2283



Previous Year Policy Details									
Sl. No.	Name of Insured	Company	Previous Policy No	From Date	To Date	SI	PED in Previous Policy	Claim No	Claim Amount
1	SEJALBEN V. PATEL	NIA	1604003419 2800000724	11/01/2020	10/01/2021	0	N	NA	0
2	PRANSHU V. PATEL	NIA	1604003419 2800000724	11/01/2020	10/01/2021	0	N	NA	0
3	PRANSHI V PATEL	NIA	1604003419 2800000724	11/01/2020	10/01/2021	0	N	NA	0
4	SEJALBEN V. PATEL	NIA	1604003420 2800000544	11/01/2021	10/01/2022	0	N	NA	0
5	PRANSHU V. PATEL	NIA	1604003420 2800000544	11/01/2021	10/01/2022	0	N	NA	0
6	PRANSHI V PATEL	NIA	1604003420 2800000544	11/01/2021	10/01/2022	0	N	NA	0

	Total Gross Premium(Without GST)	15996
	CGST(@9%)	0
	SGST(@9%)	0
Net Premium in Words(RUPEES EIGHTEEN THOUSAND EIGHT HUNDRED SEVENTY-FIVE ONLY)	IGST	2879
	Total GST	2879
	Net Premium(With GST)	18875

*This Policy is subject to terms and conditions of New India Floater Mediclaim.

In WITNESS WHEREOF, the undersigned being duly authorized by the Insurers and on behalf of the Insurers has(have) hereunder set his/her(their) hand(s) on this 11th day of January 2022.

at _____ this _____ day of _____ 20

Date of Issue: 10/01/2022

(MRS. MADHURI DHONDGE)
[DIVISIONAL MANAGER]

FOR AND ON BEHALF OF
THE NEW INDIA ASSURANCE COMPANY LIMITED
DULY CONSTITUTED ATTORNEY(S)



Insurer Office Code	: AURANGABAD DO-160400 (160400)
Address	: AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Telephone	: 02402333572 / 02402333361
Fax	: 02402331226

New India Floater Mediclaim

PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX (AMENDMENT) ACT 1986

This is to certify that Mr./Mrs. VIKASKUMAR RAMANLAL PATEL has paid ₹ 18875 towards premium for New India Floater Mediclaim for the period 11/01/2022 12:00:01 AM to 10/01/2023 11:59:59 PM

Policy no.	: 16040034212800000354
Receipt no. & date	: 10000089210100199823 10/01/2022

Date of Issue: 10/01/2022

(MRS. MADHURI DHONDGE)
[DIVISIONAL MANAGER]

**Authorized Signatory For and on behalf of
The New India Assurance Company
Limited**

(Note: This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the Insurance affecting the premium)



IMPORTANT

This policy is subject to the terms and conditions contained in the policy document (Clauses).

This policy is governed by Health Insurance Regulations 2016 issued by Insurance Regulatory Development Authority of India on 12.07.2016.

This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2017.

This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.

Health Insurance Regulation 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 are available on the website of IRDAI.

Beware of spurious calls offering alluring benefits. Never share any policy details with unknown callers. Call 1800-209-1415 for any enquiry or contact the nearest operating office of New India Assurance Co Ltd.

Tax Invoice No : 16040021P0016450

IRDA Registration Number: 190